

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 FEB -2 AM 10:06

Office Use Only

FEDERAL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NO MORE WIMPOUTS

ADDRESS (number and street)

11521 TECHNOLOGY PKWY

Check if different than previously reported. (ACC)

CEDAR FALLS

IA

50613

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00542373

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

M M / D D / Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

IA

5. Covering Period

10/01/2014

through

11/24/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Judd Sayl

Signature of Treasurer

Date

01/13/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

No More Imports

Report Covering the Period:

From: 10 ' 01 ' 2014

To: 11 ' 24 ' 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

No More Wimpouts

Report Covering the Period:

From:

10 ' 01 ' 2014

To:

11 ' 24 ' 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

,	,	0.00	,	,	0.00
---	---	------	---	---	------

(ii) Unitemized

,	,	0.00	,	,	0.00
---	---	------	---	---	------

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

,	,	0.00	,	,	0.00
---	---	------	---	---	------

(b) Political Party Committees

,	,	0.00	,	,	0.00
---	---	------	---	---	------

(c) Other Political Committees

(such as PACs).....

,	,	0.00	,	,	0.00
---	---	------	---	---	------

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

,	,	0.00	,	,	0.00
---	---	------	---	---	------

12. Transfers From Affiliated/Other

Party Committees.....

,	,	0.00	,	,	0.00
---	---	------	---	---	------

13. All Loans Received

,	,	0.00	,	,	0.00
---	---	------	---	---	------

14. Loan Repayments Received.....

,	,	0.00	,	,	0.00
---	---	------	---	---	------

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

,	,	0.00	,	,	0.00
---	---	------	---	---	------

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

,	,	0.00	,	,	0.00
---	---	------	---	---	------

17. Other Federal Receipts

(Dividends, Interest, etc.).....

,	,	0.00	,	,	0.60
---	---	------	---	---	------

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

,	,	0.00	,	,	0.00
---	---	------	---	---	------

(b) Levin Funds (from Schedule H5)

,	,	0.00	,	,	0.00
---	---	------	---	---	------

(c) Total Transfers (add 18(a) and 18(b))..

,	,	0.00	,	,	0.00
---	---	------	---	---	------

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

,	,	0.00	,	,	0.00
---	---	------	---	---	------

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

,	,	0.00	,	,	0.00
---	---	------	---	---	------

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

21. Operating Expenditures:
 (a) Allocated Federal/Non-Federal
 Activity (from Schedule H4)
 (i) Federal Share

0.00

0.00

- (ii) Non-Federal Share.....

0.00

0.00

- (b) Other Federal Operating
 Expenditures

0.00

0.00

- (c) Total Operating Expenditures
 (add 21(a)(i), (a)(ii), and (b))

0.00

0.00

22. Transfers to Affiliated/Other Party
 Committees.....

0.00

0.00

23. Contributions to
 Federal Candidates/Committees
 and Other Political Committees.....

0.00

0.00

24. Independent Expenditures
 (use Schedule E)

0.00

0.00

25. Coordinated Party Expenditures
 (52 U.S.C. § 30116(d))
 (use Schedule F).....

0.00

0.00

26. Loan Repayments Made.....

0.00

0.00

27. Loans Made.....

0.00

0.00

28. Refunds of Contributions To:
 (a) Individuals/Persons Other
 Than Political Committees

0.00

0.00

- (b) Political Party Committees

0.00

0.00

- (c) Other Political Committees
 (such as PACs).....

0.00

0.00

- (d) Total Contribution Refunds
 (add Lines 28(a), (b), and (c))

0.00

0.00

29. Other Disbursements

0.00

0.00

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity
 (from Schedule H6)

- (i) Federal Share

0.00

0.00

- (ii) "Levin" Share.....

0.00

0.00

- (b) Federal Election Activity Paid Entirely
 With Federal Funds

0.00

0.00

- (c) Total Federal Election Activity (add ..
 Lines 30(a)(i), 30(a)(ii) and 30(b))....

0.00

0.00

31. Total Disbursements (add Lines 21(c), 22,
 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

0.00

0.00

32. Total Federal Disbursements
 (subtract Line 21(a)(ii) and Line 30(a)(ii)
 from Line 31).....

0.00

0.00

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

No More Wimpouts

A. Full Name (Last, First, Middle Initial) <i>None</i>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period \$, .
City State Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$, .

B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period \$, .
City State Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$, .

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period \$, .
City State Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$, .

SUBTOTAL of Receipts This Page (optional).....▶	\$, .	0.00
TOTAL This Period (last page this line number only).....▶	\$, .	0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

No More Wimpouts

A. Full Name (Last, First, Middle Initial) <i>None</i>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period , , .	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
B. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period , , .	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
C. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period , , .	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional).....▶		, , 0.00	
TOTAL This Period (last page this line number only).....▶		, , 0.00	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

No More Wimpouts

LOAN SOURCE Full Name (Last, First, Middle Initial)

None

Election:

- ☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due
M M / D D / Y Y Y Y M M / D D / Y Y Y Y

Interest Rate

Secured:

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

SUBTOTALS This Period This Page (optional)..... ►

, , 0.00

TOTALS This Period (last page in this line only)..... ►

, , 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">No More Wimps</div>		FEC IDENTIFICATION NUMBER <div style="font-size: 1.2em; font-family: cursive;">C 00542373</div>	
LENDING INSTITUTION (LENDER) Full Name <div style="font-size: 1.2em; font-family: cursive;">None</div>		Amount of Loan Interest Rate (APR) <div style="text-align: right;">%</div>	
Mailing Address		Date Incurred or Established <div style="text-align: right;">M M / D D / Y Y Y Y</div>	
City State Zip Code		Date Due <div style="text-align: right;">M M / D D / Y Y Y Y</div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="text-align: right;">M M / D D / Y Y Y Y</div>			
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? 	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="text-align: right;">M M / D D / Y Y Y Y</div>		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name <div style="font-family: cursive;">Judd Saul</div> Signature _____		DATE <div style="text-align: right;">M M / D D / Y Y Y Y</div> <div style="font-size: 1.2em; font-family: cursive;">01 / 13 / 2015</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature _____		DATE <div style="text-align: right;">M M / D D / Y Y Y Y</div>	
Title			

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE / OF /
 FOR LINE NUMBER:
 (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

NoMore Wimpouts

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

None

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

0 0 0

2) TOTALS This Period (last page this line number only)..... ▶

0 0 0

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

0 0 0

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

0 0 0

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>No More Wimps</i>	FEC IDENTIFICATION NUMBER ▼ <i>C 00542373</i>
---	--

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount MM / DD / YYYY	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type MM / DD / YYYY	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount MM / DD / YYYY	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type MM / DD / YYYY	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	000
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures.....	000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

MM / DD / YYYY
01 / 13 / 2015

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE 1 OF 1
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <i>No More Imports</i>	Check if 24-hour notice
---	----------------------------

Has your committee been designated to make
coordinated expenditures by a political party committee?

☐ YES ☒ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City

State

ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

None

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State: _____

Senate

District: _____

Presidential

Aggregate General Election
Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

M M / D D / Y Y Y Y

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State: _____

Senate

District: _____

Presidential

Aggregate General Election
Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

M M / D D / Y Y Y Y

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State: _____

Senate

District: _____

Presidential

Aggregate General Election
Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

M M / D D / Y Y Y Y

Amount

SUBTOTAL of Expenditures This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

0.00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

No More Imports

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒ or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... 100.00%

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒

Generic Voter Drive ☒

Public Communications Referencing Party Only ☒

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE

OF

1 1

NAME OF COMMITTEE (In Full)

No More Wimpouts

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p><u>None</u></p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>

PAGE	OF
1	1
FOR LINE 18a OF FORM 3X	

PAGE	OF
1	1
FOR LINE 18a OF FORM 3X	

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (in full)		No More Wimpouts	
NAME OF ACCOUNT		DATE	

None

M M / D D / Y Y Y Y

‘ ‘ ‘

1) Total Administrative

' ' '

II) Generic Voter Drive

, , "

iii) Exempt Activities.....

‘ ‘ ‘

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

‘ ‘ ‘

b) _____

’ ’ ’

c) Total Amount Transferred For Direct Fundraising

‘ ‘ ‘

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

;

b) _____

;

c) Total Amount Transferred For Direct Candidate Support.....

1. The first group of variables is the "control" group, which includes variables that are expected to influence the dependent variable but are not the primary focus of the study. These variables are typically included to account for confounding factors and to provide a baseline for comparison. Examples of control variables might include age, gender, and education level.

vi) **Public Communications Referring Only to Party (Made by PAC)**

• 3 •

TOTAL This Period (Administrative)

3, , 0.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising).....

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party).....

0.00

TOTAL This Period (Total Amount Transferred).....

000

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

No More Wimps out,

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
None			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
Mailing Address			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
City		State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date		
Activity or Event Identifier:			\$ \$ \$		
			M M / D D / Y Y Y Y		
			Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		=
					TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date		
Activity or Event Identifier:			, , , M M / D D / Y Y Y Y Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)				Allocated Activity or Event:			
Mailing Address				<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt			
City		State		Zip Code		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:				<input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date			
Activity or Event Identifier:				Category/ Type		, , "	
						M M / D D / Y Y Y Y Date	
FEDERAL SHARE		+		NONFEDERAL SHARE		= TOTAL AMOUNT	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
0.00	0.00	0.00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

No More Wimpouts

NAME OF ACCOUNT

None

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

BREAKDOWN OF THIS TRANSFER

I) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

II) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

, , .

III) GOTV

GOTV

Total Amount Transferred for GOTV

, , .

IV) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

, , .

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

BREAKDOWN OF THIS TRANSFER

I) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , 0.00

II) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

, , 0.00

III) GOTV

GOTV

Total Amount Transferred for GOTV

, , 0.00

IV) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

, , 0.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

, , 0.00

TOTAL This Period (Voter ID)

, , 0.00

TOTAL This Period (GOTV).....

, , 0.00

TOTAL This Period (Generic Campaign Activity).....

, , 0.00

TOTAL This Period (Total Amount of Transfers Received).....

, , 0.00

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

No More Limpouts

A. Full Name (Last, First, Middle Initial) / Full Organization Name

None

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

0.00

LEVIN SHARE

0.00

TOTAL This Period for the Levin Share

0.00

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	<i>No More Wimpouts</i>
NAME OF ACCOUNT	<i>None</i>

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	0.00	0.00
(b) Unitemized	0.00	0.00
(c) Total	0.00	0.00
2. OTHER RECEIPTS	0.00	0.00
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0.00	0.00
(b) Voter ID	0.00	0.00
(c) GOTV	0.00	0.00
(d) Generic Campaign	0.00	0.00
(e) Total	0.00	0.00
5. OTHER DISBURSEMENTS	0.00	0.00
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS (from Line 3)	0.00	0.00
9. SUBTOTAL (Add Lines 7 and 8)	0.00	0.00
10. DISBURSEMENTS (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0.00	0.00

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5	
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

No More Wimpouts

Full Name (Last, First, Middle Initial) / Full Organization Name

A. *None*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

0.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE / OF /

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

No More Wimpouts

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

A.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

B.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

C.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

D.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

0.00

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1
☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

No More Wimpouts

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
0.06

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(8/2013)